

**University of Connecticut
Neag School of Education
Department of Kinesiology
Fall 2009**

Course Number: EKin 3111 (2 credit)
Course Title: Athletic Training Clinical Rotation II
Instructor: Stephanie Mazerolle, PhD, ATC, LAT
Meeting Place: Gampel, (Room 219)
Class Meeting Time: Scheduled with Approved Clinical Instructor
Office Location: Gampel-Room 219

COURSE DESCRIPTION

The second of five clinical practicum experiences the athletic training student will complete under the direct supervision of a certified athletic trainer. Practicum assignments will be allocated by the Director of Entry-Level Athletic Training Education.

PURPOSE OF THE COURSE

The purpose of the course is to provide students majoring in athletic training hands-on experience dealing with athletic injuries. The experience will include a variety of clinical settings (high school, college, clinic, etc.)

EXPECTED OUTCOMES

To assure the goals of this class are attained students are encouraged to:

1. Practice ethical and professional behavior as it relates to athletic training.
2. Practice and apply commonly accepted standards for patient confidentiality.
3. Exhibit effective communication skills with all parties involved in the health care team
4. Demonstrate the ability to work with and relate to diverse patient populations and work environments.
5. Maintain current certifications (CPR, insurance, etc.) and only execute those duties qualified to perform.
6. Gather and interrupt information during a clinical evaluation to make an appropriate diagnosis.
7. Demonstrate knowledge of athletic training and the critical underlying importance of human physiology and human anatomy as it applies to the clinical evaluation, diagnosis and treatment of athletic injuries.
8. Demonstrate competency when utilizing entry-level athletic training techniques in the treatment and/or treatment of athletic injuries.
9. Develop a sincere appreciation for the need of athletic trainers, coaches, medical staff, and athletes to work together to attain peak athletic performance.
10. Demonstrate competency in the area of risk management/injury prevention (selection and application of appropriate taping and bracing techniques).
11. Display competency in the treatment of acute athletic injuries.

ATTENDANCE POLICY

Students are expected to attend all hours. In the case of an emergency, illness, or other serious situation the student is expected to inform the approved clinical instructor prior to the absence (if possible) or upon returning to rotation.

TEXTBOOKS/READINGS

1. Harrison BK, Abell BE, Gibson TW. The Thessaly Test for Detection of Meniscal Tears: Validation of a New Physical Examination Technique for Primary Care Medicine. *Clin J Sport Med.* 2009; 19(1): 9-12.
2. Pettitt RW, Sailor SR, Lentell G, Tanner C, Murray SR. Yergason's Test: Discrepancies in Description and Implications for Diagnosing Biceps Subluxation. *Athl Train Ed J.* 2008; 3(4):143-147.

3. Myers TH, Zemanovic JR, Andrews JR. The Resisted Supination External Rotation Test: A new Test for the diagnosis of Superior Labral Anterior Posterior Lesions. American Journal of Sport Medicine. 2005; 33(9):1315-1320.
4. Darracq MA, Vinson DR, Panacek EA. Preservation of Active Range of Motion After Acute Elbow Trauma Predicts Absence of Elbow Fractures. Am J Emerg Med. 2008; 26:779-782.
5. O'Driscoll SMW, Lawton RL, Smith AM. The "Moving Valgus Stress Test" for Medial Collateral Ligament Tears of the Elbow. Am J Sport Med. 2005; 33(2): 231-239.
6. Nassab PF, Schickendantz MS. Evaluation and Treatment of Medial Ulnar Collateral Ligament Injuries in the Throwing Athlete. 2006; Sport Medi Arthrosc Rev. 14(4): 221=231.
7. Craig DI. Medial Tibial Stress Syndrome: Evidence Based Prevention. J Athl Train. 2008; 43(3):316-318.
8. Pietrosimone BG, Grindstaff TL, Linens SW, Uczekaj E, Hertel J. A systematic review of Prophylactic Braces in the Prevention of Knee Ligament Injuries in Collegiate Football Players. J Athl Train. 2008; 43(4): 409-415.
9. Vela L, Tourville TW, Hertel J. Physical Examination of Acutely Injured Ankles: An Evidence Based Approach. Athletic Therapy Today. 2003; 8(5):13-19.
10. Calis M, Akgun K, Birtane M, Karacan I, Calis H, Tuzun F. Diagnostic values of clinical diagnostic tests in subacromial impingement syndrome. Ann Rheum Dis. 2000; 59:44-47.

EXPLANATION OF GRADING PROCEDURES

First, the overall grade breakdown is as follows:

A) 3 Clinical Rotation Evaluations	210 points each (3 times) =630 points
B) Clinical Experience Hours	0% (it can reduce grade) =0
C) Clinical Competencies	20 points (3 times) =60 points
D) Student Discussions	50 points (3 times)=150 points
E) Student Meetings	0% (it can reduce grade)=0
F) Goals and ensuing site visit meetings	0% (it can reduce grade)=0

Fall 2009 Meetings: Tuesday September 1st at 12:30, Thursday October 1st at 9:00, Tuesday November 3 at 9:00, Thursday December 3 at 12:30. They will held in Gampel Room 193.

Students who miss the meeting will be penalized 5% of their grade total grade.

Specifics for A:

- 1) Each evaluation has 210 possible points on the sheet. They are as follows:
 - A) 10 points for the Overall Performance rating. Not acceptable=0, poor=6, average=7, good=8, excellent=9, superior=10.
 - B) 200 points for the average of the grid section. Not acceptable=0, poor=6, average=7, good=8, excellent=9, superior=10. Also, not applicable responses do not penalize you in any way. The total grid responses are divided by the number of responses that receive a grade.
- 2) Evaluation sheets/clinical competencies are due every 3-4 weeks by Noon on Thursday (see handout for DUE dates). Submission of late evaluation forms will be penalized in the following manner:

<u>Amount of Time Late</u>	<u>1st Time</u>	<u>2nd Time and Beyond</u>
A) Less than 24 hours (till Friday at Noon)	No Penalty	10% reduction (of the 210 total for the sheet)
B) 24 hours to 96 hours (Fri.-Noon→Mon. Noon)	10 % reduction (of the 210 total for the sheet)	25 reduction (of the 210 total for the sheet)
C) Greater than 96 hours	25% reduction	50% reduction

(of the 210 total
for the sheet)

(of the 210 total
for the sheet)

Even if they are more than 96 hours late the evaluation sheets must still be turned in order to log hours and receive feedback regarding the 3-4 weeks of clinical experience. Complete failure to submit an evaluation sheet will result in a zero for the evaluation and will result in failure of the course.

Penalties will not be imposed if the late submission is the fault entirely of the supervising clinical instructor. Please inform the Director of Entry-Level Athletic Training Education (Dr. Mazerolle) before the submission date when it is likely the evaluation form is going to be late. Please plan ahead. All evaluation forms should be provided to your supervising clinical instructor by 5:00 pm on the previous Friday (logging of hours ends on the previous Thursday). A late penalty can occur by late submission to ACI or program director. It is absolutely not the responsibility of the supervising clinical instructor to turn in an evaluation form by the established time if it is given to them later than Friday at 5:00 pm. Supervising clinical instructors will be asked to inform the Director of Entry-Level Athletic Training Education if a student they are supervising has submitted the form later than expected.

Specifics for B:

A wide range of acceptable number of clinical experience hours for the semester exists. The acceptable ranges are as follows:

Juniors

- A) Approximately 20-22 hours per week
- B) Approximately 60-66hours/3 weeks
- C) Approximately 280-308 hours total/14 week semester
- D) Off-Campus Rotation= minimum 4 days per week/maximum 6 days
- E) On-Campus Rotation= minimum 4 to 5 days per week/maximum 6 days

Penalties based on Total Hours for Semester:

- | | |
|---|--------------------------------|
| A) Within 10 hrs of acceptable range (over or under) | 0 pt reduction on final grade |
| B) Within 11-20 hrs of acceptable range (over or under) | 5 pt reduction on final grade |
| C) Within 21-30 hrs of acceptable range (over or under) | 10 pt reduction on final grade |
| D) Within 31-40 hrs of acceptable range (over or under) | 20 pt reduction on final grade |
| E) Within 41-50 hrs of acceptable range (over or under) | 25 pt reduction on final grade |
| F) > than 51 hrs from acceptable range (over of under) | 50 pt reduction on final grade |

Extenuating circumstances may warrant an incomplete for the class and hours can be completed at a later date. Extenuating circumstances do not include participation on a varsity sport or time intensive club that precludes successful completion of the clinical experience hours. Additionally, extenuating circumstances does not include explanations like: “the high school ATC did not work enough for me to get my hours” (I will assign you to a clinic in addition if this arises), “I decided to focus on my classes and get the hours over the summer” (the penalties listed above would be imposed based on the number of hours away from the goal). In the case that an extenuating circumstance arises please inform the Director of Entry-Level Athletic Training Education as soon as possible and arrangements will be made to overcome the obstacles.

It is important to note that the hour regulations have some flexibility if the student has proactively discussed the situation with the Director of Entry-Level Athletic Training Education. For example, a student may fall short on hours during a high school rotation in the spring due to the number of hours the supervising ATC is available or may slightly exceed hours due to having a clinical rotation that is an experience rich environment. The Director of Entry-Level Athletic Training Education will use his discretion to assure the clinical rotation experience is falling within the guidelines set for the students and will communicate this with the student and the ACI.

Additionally

The Director of Entry-Level Athletic Training Education may, at his discretion, impose an individual case positive curve if it is deemed the supervising clinical instructor was an extremely difficult grader. If the supervising clinical instructor is deemed to be too easy the student will not be penalized, but the Director of Entry-Level Athletic Training Education will contact the supervising clinical instructor to explain the grading procedures. If the supervising clinical instructor continues to be excessively generous then the student may be removed from that setting. This is not to discourage supervising clinical instructors from giving positive responses and rewarding great performances. This is speaking of the clinical instructor that marks superior straight down on successive evaluations, with no attempt to discriminate performance in different domains. Also, the Director of Entry-Level Athletic Training Education may impose a class-wide positive curve if the resulting grades are not reflective of the quality of efforts in all facets of the class. A negative curve would never be imposed.

Specifics for C:

Clinical competencies are a vital component of your educational experience. Each of the competency packets are due with the hour sheets. It is the responsibility of the student to allow adequate time to review and discuss the problems. If the clinical instructor does not have enough time the student can be penalized for a late submission. The idea is to cover one scenario per week. Each submission is worth 20 points (5 points per scenario). Additionally, students receiving a grade below a 1 will need to re-do the scenario with their supervisor and will not pass the course until the score is a 2 or better. Submissions late by more than one week will receive a 0%, but students must still eventually turn them in order to pass class and progress toward graduation.

Specifics for D:

Students will post discussions. See course calendar for selected readings and due dates for discussion posts. Each post is worth a total of 50 points. Grades will reflect a student's efforts and reflection on the selected readings. The purpose is to promote critical reflection and thinking as well as to integrate the most current literature regarding clinical competency. Penalties for late posting will follow the same grade reduction as posted above. Students must relate the assigned readings to their current clinical site/rotation as well as how it will impact them as a future clinician.

Specifics for E:

Attendance at student meetings is mandatory. If you do not then you lose 5% of your final grade. If an extenuating circumstance (i.e. you have class at that time, you are traveling with a team, you are getting married, etc.) arises which precludes your attendance then please inform a faculty member prior to the meeting. If it is not possible please report the circumstance as soon as possible after the meeting. If the student misses the meeting he/she is still responsible for obtaining the information that was discussed.

Specifics for F:

It is our expectation that you will put forth great effort when establishing your goals for the semester. Additionally, we expect a progress report on how you are progressing toward these goals during our site visits.

GRADING SCALE

	A=92.0-100%	A-=90.0-91.9%
B+=88.0-89.9%	B=82.0-87.9%	B-=80.0-81.9%
C+=78.0-79.9%	C=72.0-77.9%	C-=70.0-71.9%
D+=68.0-69.9%	D=62.0-67.9%	D-=60.0-61.9%
	F=59.9% and below	

Course Calendar

10/01/09	<ol style="list-style-type: none"> 1. Harrison BK, Abell BE, Gibson TW. The Thessaly Test for Detection of Mensical Tears: Validation of a New Physical Examination Technique for Primary Care Medicine. <i>Clin J Sport Med.</i> 2009; 19(1): 9-12. 2. Vela L, Tourville TW, Hertel J. Physical Examination of Acutely Injured Ankles: An Evidence Based Approach. <i>Athletic Therapy Today.</i> 2003; 8(5):13-19. 3. Calis M, Akgun K, Birtane M, Karacan I, Calis H, Tuzun F. Diagnostic values of clinical diagnostic tests in subacromial impingement syndrome. <i>Ann Rheum Dis.</i> 2000; 59:44-47.
11/05/09	<ol style="list-style-type: none"> 1. Pettitt RW, Sailor SR, Lentell G, Tanner C, Murray SR. Yergason's Test: Discrepancies in Description and Implications for Diagnosing Biceps Subluxation. <i>Athl Train Ed J.</i> 2008; 3(4):143-147. 2. Myers TH, Zemanovic JR, Andrews JR. The Resisted Supination External Rotation Test: A new Test for the diagnosis of Superior Labral Anterior Posterior Lesions. <i>American Journal of Sport Medicine.</i> 2005; 33(9):1315-1320. 3. Darracq MA, Vinson DR, Panacek EA. Preservation of Active Range of Motion After Acute Elbow Trauma Predicts Absence of Elbow Fractures. <i>Am J Emerg Med.</i> 2008; 26:779-782. 4. O'Driscoll SMW, Lawton RL, Smith AM. The "Moving Valgus Stress Test" for Medial Collateral Ligament Tears of the Elbow. <i>Am J Sport Med.</i> 2005; 33(2): 231-239. 5. Nassab PF, Schickendantz MS. Evaluation and Treatment of Medial Ulnar Collateral Ligament Injuries in the Throwing Athlete. 2006; <i>Sport Medi Arthrosc Rev.</i> 14(4): 221=231.
12/04/09	<ol style="list-style-type: none"> 1. Craig DI. Medial Tibial Stress Syndrome: Evidence Based Prevention. <i>J Athl Train.</i> 2008; 43(3):316-318. 2. Pietrosimone BG, Grindstaff TL, Linens SW, Uczekaj E, Hertel J. A systematic review of Prophylactic Braces in the Prevention of Knee Ligament Injuries in Collegiate Football Players. <i>J Athl Train.</i> 2008; 43(4): 409-415.